

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	21-0217
Date:	7-15-21
Amount Paid:	\$198 7-8-21
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Original Application MUST be submitted FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Janet E. Sterk	Mailing Address: 1286 Silverthorn Dr.	City/State/Zip: Shoreview MN 55126	Telephone:
Address of Property: 89159 W. Romans Pt Rd	City/State/Zip: Herbster WI 54844	Cell Phone: 412-819-6911	
Contractor: Adam Campbell	Contractor Phone: 715 209 1528	Plumber: 	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: 	Agent Mailing Address (include City/State/Zip): 	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# 34386	Recorded Document: (Showing Ownership) 2010 R 534979
1/4, 1/4	Gov't Lot 6	Lot(s) 	CSM
Vol & Page V.9 P.55	CSM Doc # 1493	Lot(s) # 	Block #
Subdivision: 	Section 29, Township S1, N, Range 06 W	Town of: Bell	Lot Size Acreage 1.4

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 80 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$66,000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Holding Tank	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length: 42	Width: 38	Height: 20
Proposed Construction: (overall dimensions)	Length: 20	Width: 11	Height: 16

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input checked="" type="checkbox"/>	Addition/Alteration (explain) Increase Size of Living Rm.	(11 x 20)	220
	<input type="checkbox"/>	Accessory Building (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Janet E. Sterk
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 7-1-2021

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit _____

Attach
Copy of Tax Statement

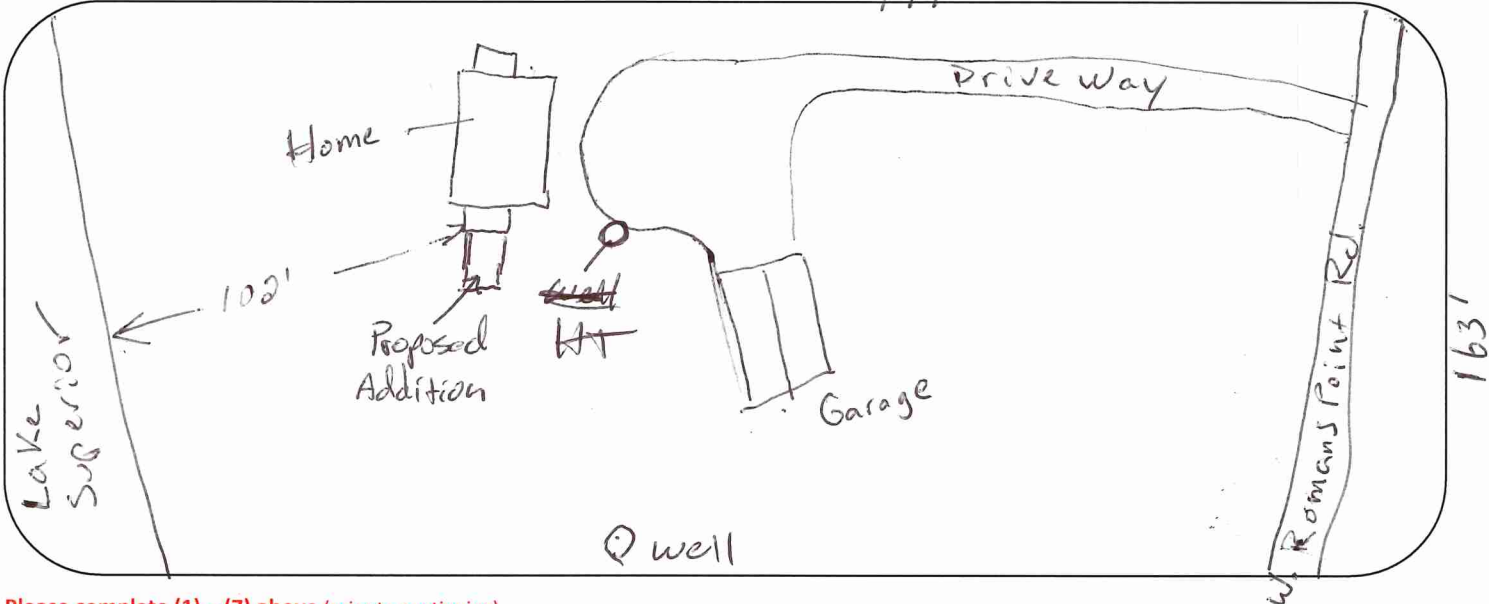
If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

- (1) Show Location of: **Proposed Construction**
 (2) Show / Indicate: **North (N) on Plot Plan**
 (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
 (4) Show: **All Existing Structures on your Property**
 (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
 (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
 (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements		Description	Setback Measurements
Setback from the Centerline of Platted Road	285'	Feet	Setback from the Lake (ordinary high-water mark)	102 Feet
Setback from the Established Right-of-Way	265	Feet	Setback from the River, Stream, Creek	Feet
			Setback from the Bank or Bluff	80 Feet
Setback from the North Lot Line	75	Feet		
Setback from the South Lot Line	94	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	139	Feet	20% Slope Area on the property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	275	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	60	Feet	Setback to Well	100 Feet
Setback to Drain Field		Feet		
Setback to Privy (Portable, Composting)		Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

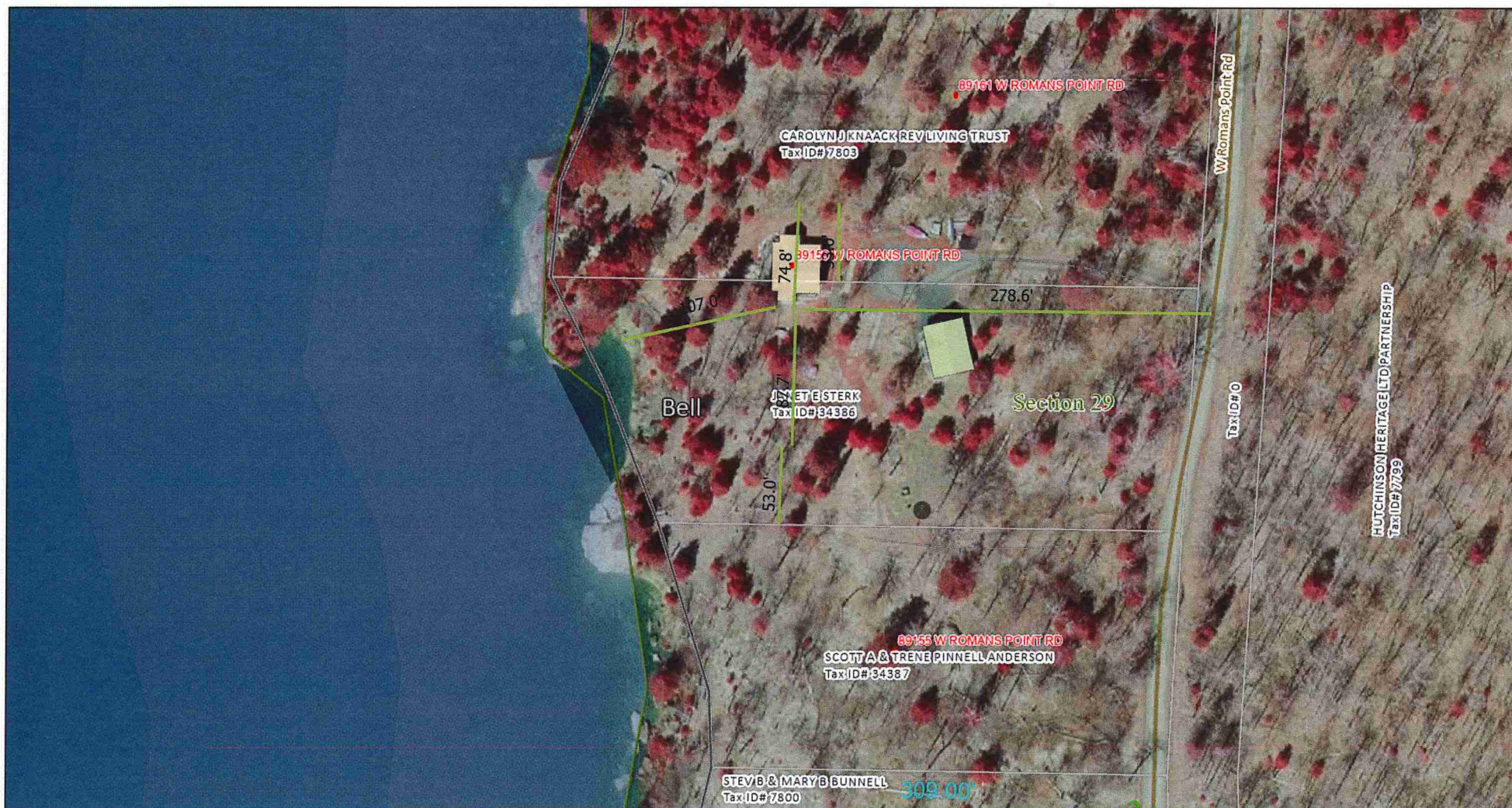
- (9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
 The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 07-175	# of bedrooms: 4	Sanitary Date: 3-6-07
Permit Denied (Date):		Reason for Denial:		
Permit #: 21-0217		Permit Date: 7-18-21		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Project site staked. Property surveyed. Appears code compliant			Zoning District (R1)	
			Lakes Classification (1)	
Date of Inspection: 7-18-21		Inspected by: Todd Norwood		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
Must obtain a Uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency prior to start of construction, if required. Must meet and maintain setbacks.				
Signature of Inspector: Todd Norwood			Date of Approval: 7-14-21	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

Bayfield County, WI



7/14/2021, 11:00:21 AM

Lake Superior
 1
 2
 3
 Rivers

Meander Lines
 Approximate Parcel Boundary
 Section Lines
 Municipal Boundary

All Roads
 Town
 Survey Maps
 UnRecorded Map
 Recorded Map

Building Footprint 2009-2015
 Existing
 New
 Driveways
 Buildings

1:783
 0 0.01 0.01 0.03 mi
 0 0.01 0.03 0.06 km

Bayfield County, Bayfield

Real Estate Bayfield County Property Listing

Today's Date: 6/23/2021

Property Status: **Current**

Created On: 3/29/2007 10:05:40 AM

Description Updated: 6/25/2013

Tax ID: 34386
PIN: 04-010-2-51-06-29-4 05-006-61000
 Legacy PIN:
 Map ID:
 Municipality: (010) TOWN OF BELL
 STR: S29 T51N R06W
 Description: LOT 1 CSM #1493 IN V.9 P.55 (LOCATED IN GOVT LOT 6)
 Recorded Acres: 1.400
 Calculated Acres: 1.499
 Lottery Claims: 0
 First Dollar: Yes
 Zoning: (R-1) Residential-1
 ESN: 107

Tax Districts Updated: 3/29/2007

1 STATE
 04 COUNTY
 010 TOWN OF BELL
 044522 SCHL-SOUTHSHORE
 001700 TECHNICAL COLLEGE

Recorded Documents Updated: 12/22/2010

TERMINATION OF DECEDENT'S INTEREST
 Date Recorded: 10/4/2010 2010R-534979 1048-423

CERTIFIED SURVEY MAP
 Date Recorded: 10/19/2006 2006R-509885 9-55

WARRANTY DEED
 Date Recorded: 5/27/2005 2005R-499442 918-759

Ownership Updated: 6/25/2013

JANET E STERK SHOREVIEW MN

Billing Address:

JANET E STERK
 1286 SILVERHORN DR
 SHOREVIEW MN 55126-5643

Mailing Address:

JANET E STERK
 1286 SILVERHORN DR
 SHOREVIEW MN 55126-5643

Site Address * indicates Private Road

89159 W ROMANS POINT RD HERBSTER 54844

Property Assessment Updated: 9/10/2015

2021 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	1.400	165,800	149,400

2-Year Comparison

	2020	2021	Change
Land:	165,800	165,800	0.0%
Improved:	149,400	149,400	0.0%
Total:	315,200	315,200	0.0%

Property History

Parent Properties Tax ID
[04-010-2-51-06-29-4 05-006-60000](#) [7804](#)

HISTORY [Expand All History](#) White=Current Parcels Pink=Retired Parcels

Tax ID: 7804 Pin: 04-010-2-51-06-29-4 05-006-60000 Leg. Pin: 010106408000
 34386 This Parcel ↑ Parents ↓ Children

07-175 HT 3-6-07
13-0285 burg
(2) 07-0180 Res

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **07-17S**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **21-0217** Issued To: **Janet Sterk**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **29** Township **51** N. Range **6** W. Town of **Bell**

Par in

Gov't Lot **6** Lot Block Subdivision CSM#

For: **Residential Addition / Alteration: [1- Story; Living Room Addition (11' x 20') = 220 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must obtain a uniform dwelling code permit from the locally contracted UDC inspection agency prior to the start of construction, if required. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

July 15, 2021

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	21-0224
Date:	7-20-21
Amount Paid:	\$75.00 check 7-6-21
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: LOREN HAMMOND	Mailing Address: 4317 OAK RIDGE CT City/State/Zip: VADNAIS HTS MN 55127	Telephone: 651-303-9581
Address of Property: 22470 Rocky RD	City/State/Zip: CORNUCOPIA WI	Cell Phone:
Contractor: JEFF KOEHLER	Contractor Phone: 715-617-6123	Plumber: —
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):
Tax ID# 38373		Recorded Document: (Showing Ownership) 2020R 585338
PROJECT LOCATION 1/4, 1/4	Gov't Lot 1	Lot(s) 1
CSM 2144	Vol & Page 12 315	CSM Doc # 2020R 585116
Lot(s) #	Block #	Subdivision:
Section 22, Township 50 N, Range 6 W	Town of: BELL	Lot Size 7.40

<input type="checkbox"/> Shoreland →	Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : 296 feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 296 feet		

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 3610.00	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: DRAIN FIELD / Septic tank	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)			<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	
				<input checked="" type="checkbox"/> None		

Existing Structure: (if addition, alteration or business is being applied for)	Length: 26'	Width: 22'	Height:
Proposed Construction: (overall dimensions)	Length: 26'	Width: 22'	Height: 10'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	()	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (explain) GARAGE/STORAGE	(26' X 22')	572
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Loren W. Hammond
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 7/5/2021

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: _____

Address to send permit 4317 OAK RIDGE CT VADNAIS HTS MN 55127

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements		Description	Setback Measurements
Setback from the Centerline of Platted Road	160' 234'	Feet	Setback from the Lake (ordinary high-water mark)	320' Feet
Setback from the Established Right-of-Way	127'	Feet	Setback from the River, Stream, Creek	296' Feet
			Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	320' 296'	Feet		
Setback from the South Lot Line	350' 289'	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	250'	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	88'	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	222'	Feet	Setback to Well	252' Feet
Setback to Drain Field	217'	Feet		
Setback to Privy (Portable, Composting)		Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

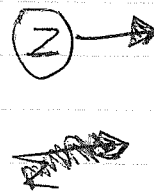
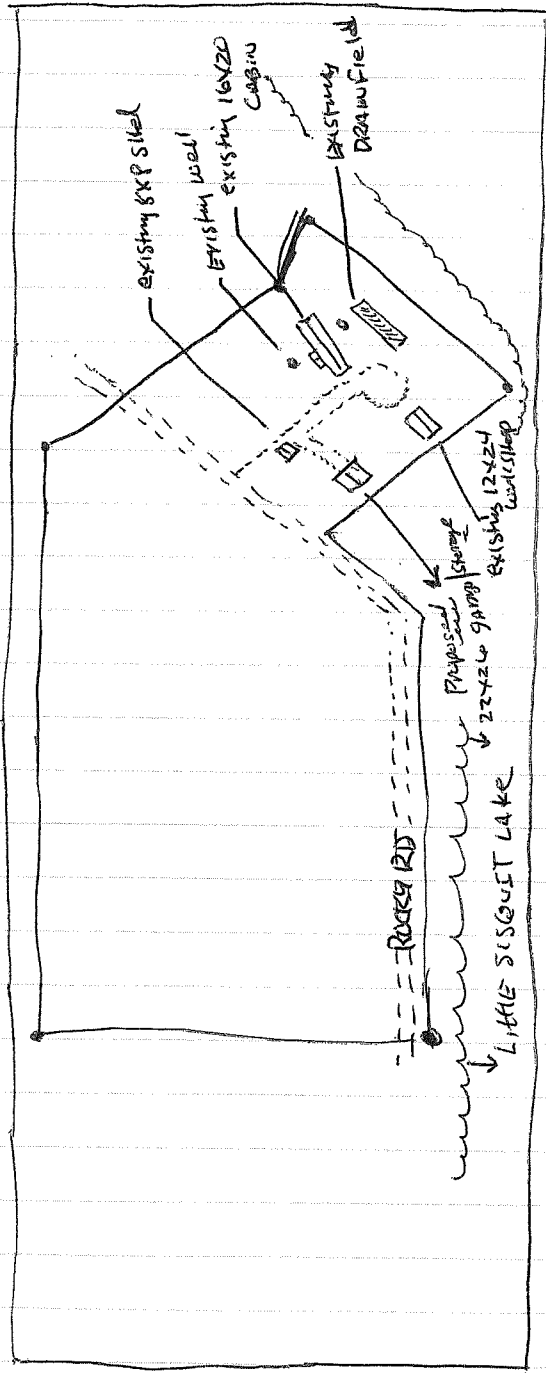
(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s): All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

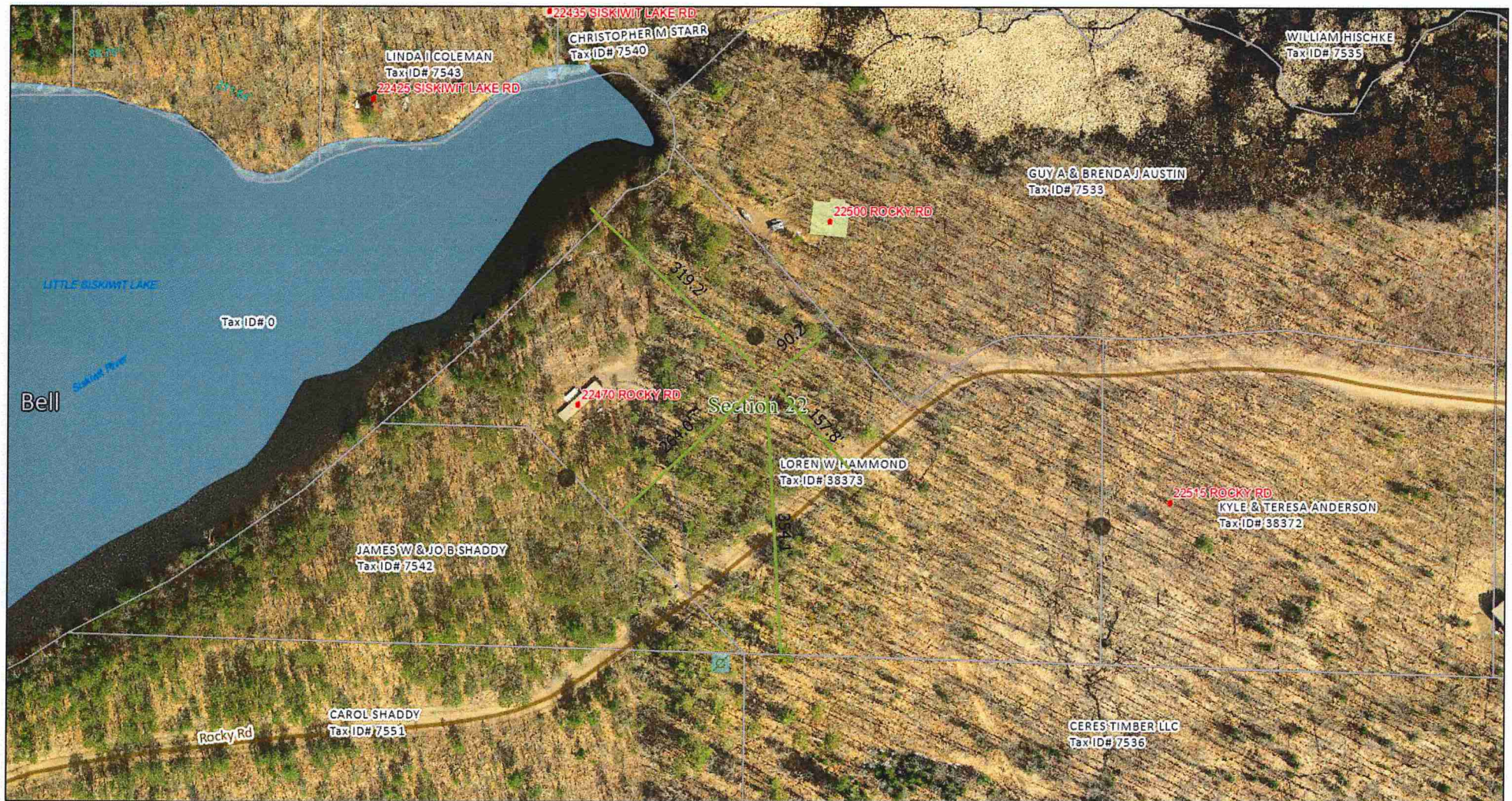
If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 425322	# of bedrooms: 3	Sanitary Date: 9-1-04
Permit Denied (Date):		Reason for Denial:		
Permit #: 21-0224		Permit Date: 7-20-21		
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Site staked and appears code compliant.			Zoning District (F1) Lakes Classification (3)	
Date of Inspection: 7-13-21		Inspected by: Todd Norwood		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.) Structure not for human habitation / sleeping purposes. No pressurized water or plumbing allowed inside structure. Must meet and maintain setbacks.				
Signature of Inspector: Todd Norwood				Date of Approval: 7-16-21
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>



Bayfield County, WI



7/16/2021, 2:13:45 PM



Real Estate Bayfield County Property Listing

Today's Date: 7/6/2021

Property Status: Current

Created On: 11/17/2020 11:24:00 AM

 **Description** Updated: 11/17/2020

Tax ID: 38373
PIN: 04-010-2-50-06-22-1 02-000-32000
 Legacy PIN:
 Map ID:
 Municipality: (010) TOWN OF BELL
 STR: S22 T50N R06W
 Description: LOT 1 CSM #2144 IN V.12 P.315
 (LOCATED IN NW NE & NE NW)
 Recorded Acres: 7.420
 Calculated Acres: 7.420
 Lottery Claims: 0
 First Dollar: No
 ESN: 107

 **Tax Districts** Updated: 11/17/2020

1	STATE
04	COUNTY
010	TOWN OF BELL
044522	SCHL-SOUTHSHORE
001700	TECHNICAL COLLEGE

 **Recorded Documents** Updated: 1/15/2013 **CERTIFIED SURVEY MAP**Date Recorded: 10/29/2020 **2020R-585116 12-315** **QUIT CLAIM DEED**

Date Recorded: 11/9/2020 2020R-585338

 **TERMINATION OF DECEDENT'S INTEREST**

Date Recorded: 11/9/2020 2020R-585337

 **TERMINATION OF DECEDENT'S INTEREST**

Date Recorded: 11/9/2020 2020R-585337

 **WARRANTY DEED**

Date Recorded: 10/30/2012 2012R-546498 1093-898

 **QUIT CLAIM DEED**

Date Recorded: 7/5/2011 2011R-539138 1064-599

 **QUIT CLAIM DEED**

Date Recorded: 2/15/2010 2010R-531397 1035-601

 **ABRIDGMENT OF JUDGMENT**

Date Recorded: 1/29/2010 2010R-531184 1034-802

 **WARRANTY DEED**

Date Recorded: 9/12/2008 2008R-522839 1002-722

 **Ownership** Updated: 11/17/2020**LOREN W HAMMOND** WOODBURY MN**Billing Address:****LOREN W HAMMOND**
922 STEWARTON DR
WOODBURY MN 55125**Mailing Address:****LOREN W HAMMOND**
922 STEWARTON DR
WOODBURY MN 55125 **Site Address** * indicates Private Road

22470 ROCKY RD CORNUCOPIA 54827

 **Property Assessment** Updated: N/A**2021 Assessment Detail**

Code	Acres	Land	Imp.
N/A			

2-Year Comparison

	2020	2021	Change
Land:	0	0	0.0%
Improved:	0	0	0.0%
Total:	0	0	0.0%

 **Property History****Parent Properties**

04-010-2-50-06-22-1 02-000-30000 Tax ID

7532

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **21-0224** Issued To: **Loren Hammond**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **22** Township **50** N. Range **6** W. Town of **Bell**

Gov't Lot Lot **1** Block Subdivision CSM# **2144**

For: **Residential Accessory Structure: [1- Story; Garage (26' x 22') = 572 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Structure not to be used for human habitation / sleeping purposes. No pressurized water or plumbing allowed inside structure. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

July 20, 2021

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

Permit #:	21-0231
Date:	7-20-21
Amount Paid:	7-13-21 \$175.00 check
Refund:	



INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input checked="" type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:		
Dorothy Hoffmann + Mark Wawick		89060 E Romans Pt		Humboldt, WI 54844		763.458.2356		
Address of Property:		City/State/Zip:				Cell Phone:		
89635 W Romans Point Rd		Cornucopia, WI		54827				
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:		
reA								
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached		
Erin Hutchinson		715.774.3849		PO Box 24 Humboldt, WI 54844		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID#		Recorded Document: (Showing Ownership)		
				7792		2016R 562745		
1/4, 1/4		Gov't Lot	Lot(s)	CSM	Vol & Page	CSM Doc #	Lot(s) #	Block #
		4			1157/800			
Section 29, Township 51 N, Range 06 W		Town of:		BELL		Lot Size		Acreage
								1.93

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : 90 feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$300,000	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type:	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: HT	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> STR		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length: 44	Width: 33	Height: 34
Proposed Construction: (overall dimensions)	Length: 44	Width: 33	Height: 34

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
<input type="checkbox"/> Commercial Use		with a Deck	(X)	
		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain)	(X)	
	<input type="checkbox"/>	Accessory Building (explain)	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	(X)	
	<input checked="" type="checkbox"/>	Special Use: (explain) short term vacation rental	(44 X 33)	1452
	<input type="checkbox"/>	Conditional Use: (explain)	(X)	
	<input type="checkbox"/>	Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date

Authorized Agent:
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 5/11/21

Address to send permit

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%

N/A

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements		Description	Setback Measurements
Setback from the Centerline of Platted Road	233 Feet		Setback from the Lake (ordinary high-water mark)	90 Feet
Setback from the Established Right-of-Way	200 Feet		Setback from the River, Stream, Creek	Feet
			Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	34 Feet			
Setback from the South Lot Line	190 Feet		Setback from Wetland	Feet
Setback from the West Lot Line	90 Feet		20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	233 Feet		Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	20 Feet		Setback to Well	Feet
Setback to Drain Field	Feet			
Setback to Privy (Portable, Composting)	Feet			
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.				
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.				

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 19-593	# of bedrooms: 4	Sanitary Date: 7-12-19
Permit Denied (Date):		Reason for Denial:		
Permit #: 21-0231		Permit Date: 7-20-21		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: Existing house proposed short term rental			Zoning District (R1) Lakes Classification (1)	
Date of Inspection: 7-16-21		Inspected by: Todd Norwood		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.) Must obtain a tourist room housing license from the Bayfield County Health Department prior to renting.				
Signature of Inspector: Todd Norwood				Date of Approval: 7-16-21
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

TOWN BOARD RECOMMENDATION - - (CLASS A - SPECIAL USE)

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

When **Town Board** has completed this form, please mail to:

Bayfield County Planning and Zoning Department
P.O. Box 58 - Washburn, WI 54891
Phone - (715) 373-6138
Fax - (715) 373-0114
e-mail: zoning@bayfieldcounty.org

Website:

www.bayfieldcounty.org/147

Date Zoning Received: (Stamp Here)

RECEIVED
JUN 11 2021

Bayfield Co. Zoning Dept

Property Owner(s) are responsible to give this form to the Town Clerk. **Attach a copy of the County Application (8 1/2 x 14) [front/back].** This is a **Class A** special use request. **Note:** The Town's **Planning Commission** meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. **Ask Town if you should be present at their meeting(s).**

Property Owner Dorothy Hoffmann + Marc Contractor N/A
Property Address 89635 W Romans Pt Rd Authorized Agent Erin Hutchinson
Cornucopia, WI 54827 Agent's Telephone 715-774-3849
Telephone 763-458-2356 Written Authorization Attached: Yes (X) No ()

Accurate Legal Description involved in this request (specify **only** the property involved with this application)

1/4 of 1/4, Section 29, Township 51 N., Range 06 W. Town of BELL

Govt. Lot 4 Lot Block Subdivision CSM#

Volume 1157 Page 860 of Deeds Tax I.D.# 7792 Acreage 1.93

Additional Legal Description: PAR IN LEVOT LOT 4 IN V.1157 P.860 454H

Applicant: (State what you are asking for) special use approval for short term Zoning District: R-1 Lakes Classification 1

vacation rental

We, the Town Board, **TOWN OF** , do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☒ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

Approval based on housing element

** THE FOLLOWING **MUST** BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department **not a copy or fax**

**** NOTE:**

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Revised: August 2018

u/forms/townboardrecommendation-ClassA

Signed:

Chairman:

Supervisor: Jackie Eid

Supervisor: Andrew Sant Sant

Supervisor: Stacy

Clerk: Myra Paul John

Date: 6-8-2021

May 5, 2021

To Whom It May Concern:

I am writing to inform you that I am granting permission to Erin Hutchinson & Bark Point Ventures to provide property management services to us at our property at 89635 W Romans Point Road in Cornucopia, WI.

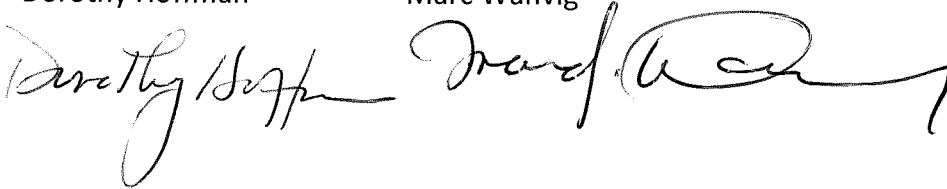
Bark Point Ventures is authorized to act as my agent for the activities related to management of our vacation rental property, including, but not limited to communication and coordination with state & local government and agencies as needed to secure and renew permits.

Please contact us at 763-458-2356 any questions.

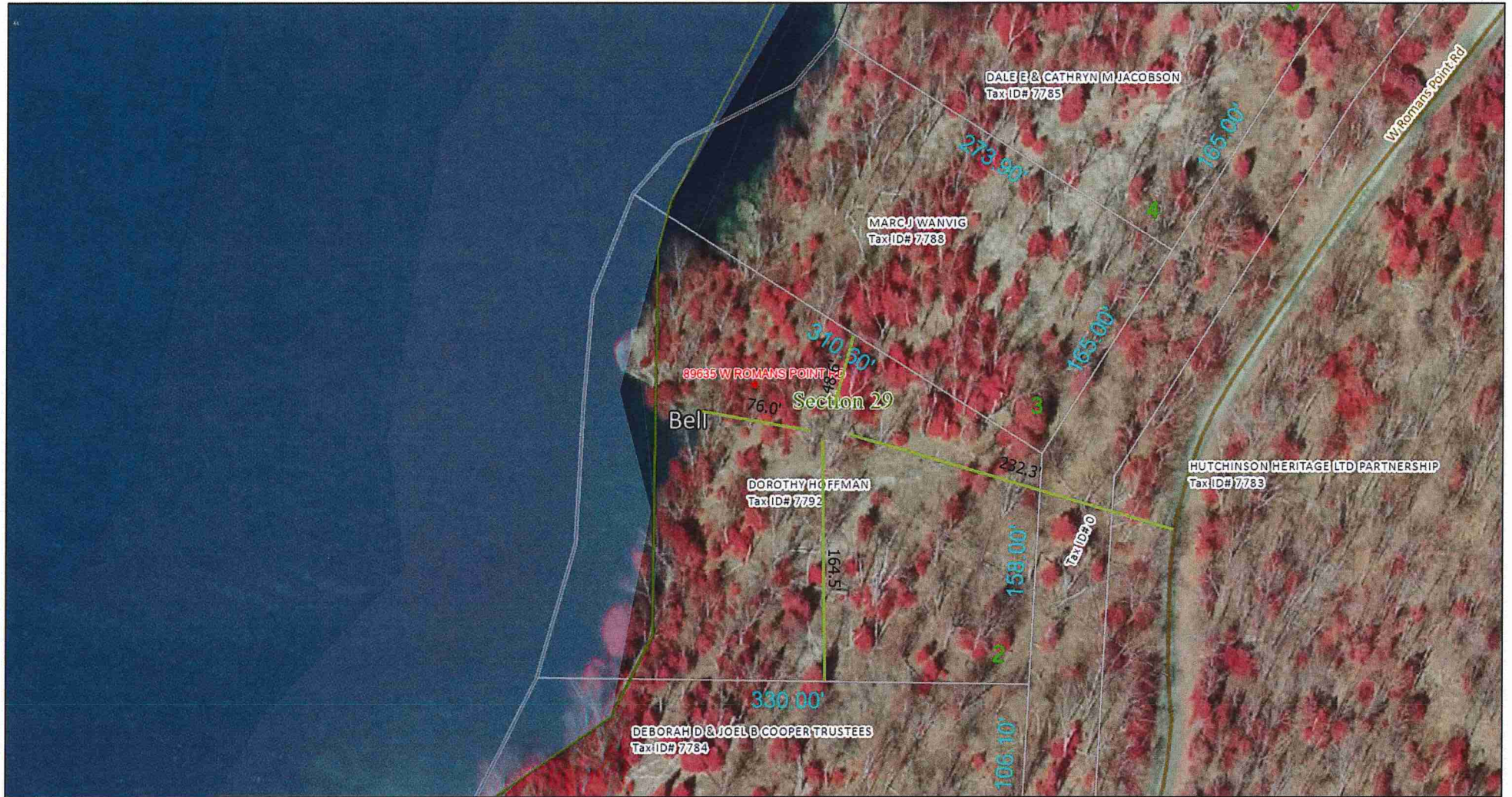
Thank you,

Dorothy Hoffman

Marc Wanvig

The block contains two handwritten signatures. The signature on the left is for Dorothy Hoffman, written in a cursive script. The signature on the right is for Marc Wanvig, also in a cursive script, featuring a large, stylized 'M'.

Bayfield County, WI



7/16/2021, 3:40:11 PM

Lake Superior

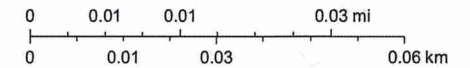
Meander Lines

All Roads

- 1
- 2
- 3
- Rivers
- Approximate Parcel Boundary
- Section Lines
- Municipal Boundary

- Town
- Driveways
- Buildings

1:783



Bayfield County, Bayfield

Real Estate Bayfield County Property Listing

Today's Date: 5/3/2021

Property Status: **Current**

Created On: 3/15/2006 1:15:02 PM

**Description**

Updated: 3/11/2020

Tax ID: 7792
PIN: 04-010-2-51-06-29-1 05-004-80000
 Legacy PIN: 010106307000
 Map ID:
 Municipality: (010) TOWN OF BELL
 STR: S29 T51N R06W
 Description: PAR IN GOVT LOT 4 IN V.1157 P.860 454H
 Recorded Acres: 1.930
 Calculated Acres: 1.831
 Lottery Claims: 0
 First Dollar: No
 Zoning: (R-1) Residential-1
 ESN: 107

**Tax Districts**

Updated: 3/15/2006

1 STATE
 04 COUNTY
 010 TOWN OF BELL
 044522 SCHL-SOUTHSHORE
 001700 TECHNICAL COLLEGE

**Recorded Documents**

Updated: 3/15/2006

WARRANTY DEED

Date Recorded: 3/28/2016 **2016R-562745 1157-860**

WARRANTY DEED

Date Recorded: 3/10/2020 2020R-581423

CONVERSION

Date Recorded: 487788 337-80;786-896;878-916

WARRANTY DEED

Date Recorded: 12/3/2003 2003R-487788 878-916

**Ownership**

Updated: 3/11/2020

DOROTHY HOFFMAN HERBSTER WI
MARC J WANVIG HERBSTER WI
ROBB T & ANN L WANVIG STILLWATER MN

Billing Address:

WANVIG, MARC J & HOFFMAN, DOROTHY D ET AL
 89060 E ROMANS POINT RD
 HERBSTER WI 54844

Mailing Address:

WANVIG, MARC J & HOFFMAN, DOROTHY D ET AL
 89060 E ROMANS POINT RD
 HERBSTER WI 54844

**Site Address** * indicates Private Road

89635 W ROMANS POINT RD CORNUCOPIA 54827

**Property Assessment**

Updated: 7/22/2016

2021 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	1.930	193,100	0

2-Year Comparison

	2020	2021	Change
Land:	193,100	193,100	0.0%
Improved:	0	0	0.0%
Total:	193,100	193,100	0.0%

**Property History**

N/A

Real Estate Bayfield County Tax Record

LISTING FOR TAX YEAR: 2020

Today's Date: 5/3/2021

Tax Records: [2020](#) [2019](#) [2018](#) [2017](#) [2016](#) [2015](#) [2014](#) [2013](#) [2012](#) [2011](#) [2010](#) [2009](#)
[2008](#) [2007](#) [2006](#) [2005](#)



Property Identification

Tax ID:	7792
PIN:	04-010-2-51-06-29-1 05-004-80000
Legacy PIN:	010106307000
Map ID:	



2020 Ownership

DOROTHY HOFFMAN
 MARC J WANVIG
 ROBB T & ANN L WANVIG

Billing Address

WANVIG, MARC J &
 HOFFMAN, DOROTHY D ET
 AL
 89060 E ROMANS POINT
 RD
 HERBSTER WI 54844



2020 Property Values

Total Land Value:	193,100
Total Improved Value:	0
Total Forestry Land Value:	0
Total Value:	193,100
Estimated Fair Market - Land:	210,900
Estimated Fair Market - Improved:	0
Estimated Fair Market - Forest Land:	0
Total Estimated Fair Market:	210,900



2020 Levy & Tax Information

Aggregate Ratio:	0.91547
Mill Rate:	0.017467775
School Credit:	373.31



Specials

N/A



2020 Tax Bill

Status: Postponed

	Due	Paid	Balance
Gross Real Estate	3,373.02		
First Dollar Credit	- 0.00		
Lottery Credit	- 0.00		
Real Estate	3,373.02	1,686.51	1,686.51
Special Assessments	0.00	0.00	0.00
Special Charges	0.00	0.00	0.00
Delinquent Utilities	0.00	0.00	0.00
Private Forest	0.00	0.00	0.00
Managed Forest Open	0.00	0.00	0.00
Managed Forest Closed	0.00	0.00	0.00

Amount Due:

1,686.51



Installments

Installment #	Due	Payable To	Amount
Installment 1	1/31/2021	Municipality	1,686.51
Installment 2	7/31/2021	County	1,686.51
Total ->			3,373.02



Payments

Receipt #	Posted	Paid By	Amount
21010-00558	1/30/2021	WANVIG, MARC J & HOFFMAN, DOROTHY D ET AL	1,686.51



Hoffman-Wanvig Property House Rules

- **General**

- Guest capacity is a maximum of eight. RVs, campers, and tents are not allowed. We are happy to make recommendations of a campground to use should you need to find accommodations for additional guests!
- Please remove your shoes upon entering the house.
- All guest vehicles and trailers must be parked/kept on the property. Please do not park on the road.
- There is no direct access to the lake from the property – do not try to scale down the steep embankment to the lakeshore.
- Children must be supervised at all times when outdoors, due to the steep drop off at the edge of the property.
- If you need anything whatsoever, your host is available 24/7:
 - Your main host is Erin Hutchinson
 - Mobile: 510.333.8360 (text is best)
 - Landline: 715.774.3849

- **Country Living & Being a Good Neighbor**

- The property is meant to be an escape from the hectic pace of life. With peace and quiet of the country also come the realities of country living:
 - Please respect the township's quiet hours of 11pm to 7am, and be aware that sound travels much further out here in the country!
 - Any outdoor fires must be extinguished by 11pm.
 - Fireworks are not allowed other than on July 4th, with proper permits. Be mindful of the current fire risk levels, posted publicly by the DNR.
 - Water is a sacred resource here on the South Shore. And, septic systems are not as robust as in urban areas. Please do your best to conserve water and not flush anything other than toilet paper.
 - All water comes from the well on the property. It's perfectly safe (we think it's tasty as well)! Please try and conserve water as it's an important nature resource.
 - Nature = wild animals. Some find this awesome, others find it a little scary. Be aware that there are LOTS of black bears in this area. They are





pretty timid and never stick around long when they hear people or dogs. Never leave food or garbage outside as it is sure to attract bears (and racoons, and coyotes, and...). Also common are coyotes, racoons, foxes, and a very rare porcupine. Use common sense and you'll be able to enjoy the sights & sounds of the property!

- Finally, leave the beautiful natural surroundings as you found them, taking nothing with you other than photographs and memories.



Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **19-59S**
SIGN –
SPECIAL – **Class A**
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **21-0231** Issued To: **Marc Wanvig & Dorothy Hoffman / Erin Hutchinson, Agent**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **29** Township **51** N. Range **6** W. Town of **Bell**

Par in

Gov't Lot **4** Lot Block Subdivision CSM#

For: **Residential Other: [1 – Unit; 2 - Story; Short-term Rental]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Must obtain a tourist room housing license from the Bayfield County Health Department prior to renting.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

July 20, 2021

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)



Permit #:	21-0233
Date:	7-20-21
Amount Paid:	\$175 7-20-21
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: ANDREA STONEMAN	Mailing Address: 4035 EAST VALLEY	City/State/Zip: DULUTH, MN 55803	Telephone: 412-532-
Address of Property: 8940 E ROMANS PT RD	City/State/Zip: COINVICTA, WI 54827	Cell Phone: 4607	
Contractor: N/A	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Erin Hutchinson	Agent Phone: 715.774.3849	Agent Mailing Address (include City/State/Zip): PO Box 24 Herbst, WI 54844	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# 34949	Recorded Document: (Showing Ownership) 2021R 587965
1/4, 1/4	Gov't Lot 1:2	Lot(s) 3	CSM 1547
	Vol & Page V9 P175	CSM Doc # 2021R 587965	Lot(s) # 112
Block #	Subdivision:		
Section 29, Township 51 N, Range 06 W	Town of: BELL		Lot Size Acreage .740

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : 150 feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 110,700 Assessed Value	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: HT	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> STR		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 40	Width: 30	Height: 20

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain)	(X)	
	<input type="checkbox"/>	Accessory Building (explain)	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	(X)	
	<input checked="" type="checkbox"/>	Special Use: (explain) Short term rental	(30 X 40)	1200
	<input type="checkbox"/>	Conditional Use: (explain)	(X)	
	<input type="checkbox"/>	Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent:
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date
Date 5/8/21

Address to send permit PO Box 24, Herbst, WI 54844

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet		
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

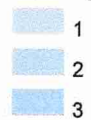
Issuance Information (County Use Only)	Sanitary Number: 10-045	# of bedrooms: 4	Sanitary Date: 3-17-10
Permit Denied (Date):	Reason for Denial:		
Permit #: 21-0233	Permit Date: 7-26-21		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Existing house for proposed STR.			Zoning District (R1) Lakes Classification ()
Date of Inspection: 7-16-21	Inspected by: Todd Norwood		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.) Must obtain a tourist room housing license from the Bayfield County Health Department prior to renting.			
Signature of Inspector: Todd Norwood			Date of Approval: 7-16-21
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

Bayfield County, WI



7/16/2021, 3:56:06 PM

Lake Superior



Rivers

Meander Lines

Approximate Parcel Boundary

Section Lines

Government Lot

Municipal Boundary

All Roads

Town

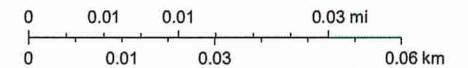
Survey Maps

Recorded Map

Driveways

Buildings

1:783



Bayfield County, Bayfield

TOWN BOARD RECOMMENDATION - - (CLASS A - SPECIAL USE)

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

When **Town Board** has completed this form, please mail to:

Bayfield County Planning and Zoning Department
P.O. Box 58 - Washburn, WI 54891
Phone - (715) 373-6138
Fax - (715) 373-0114
e-mail: zoning@bayfieldcounty.org

Website:
www.bayfieldcounty.org/147

Date Zoning Received: (Stamp Here)

RECEIVED
JUN 11 2021
Bayfield Co. Zoning Dept.

Property Owner(s) are responsible to give this form to the Town Clerk. **Attach a copy of the County Application (8 1/2 x 14) [front/back].** This is a **Class A** special use request. **Note:** The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

Property Owner ANDREA STONEMAN Contractor N/A
Property Address 89210 E ROMANS PT RD Authorized Agent Erin Hutchinson
CORVUOPIA, WI 54827 Agent's Telephone 715-774-3849
Telephone 715-532-6607 Written Authorization Attached: Yes (X) No ()
Accurate Legal Description involved in this request (specify **only** the property involved with this application)
_____ 1/4 of _____ 1/4, Section 29, Township 51 N., Range 06 W. Town of BELL
Govt. Lot 23 Lot 3 Block _____ Subdivision _____ CSM# 1547
Volume 9 Page 175 of Deeds Tax I.D# 34949 Acreage 1.35740
Additional Legal Description: _____
Applicant: (State what you are asking for) Special use approval for short term vacation rental Zoning District: R-1 Lakes Classification 1

We, the Town Board, TOWN OF _____, do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☒ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

Approval based on housing element

** THE FOLLOWING **MUST** BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department **not a copy or fax**

**** NOTE:**

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Revised: August 2018

u/forms/townboardrecommendation-ClassA

Signed:

Chairman: _____

Supervisor: Jackie Ego

Supervisor: Alan V. Bush

Supervisor: Joe

Clerk: Mary Ann

Date: 6-8-2021

April 3, 2021

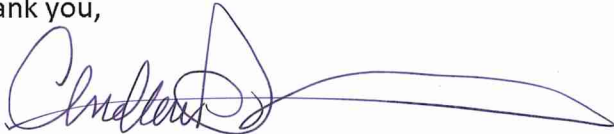
To Whom It May Concern:

I am writing to inform you that I am granting permission to Erin Hutchinson & Bark Point Ventures to provide property management services to me for my property at 89210 E Romans Point Road in Cornucopia, WI.

Bark Point Ventures is authorized to act as my agent for the activities related to management of our vacation rental property, including, but not limited to communication and coordination with state & local government and agencies as needed to secure and renew permits.

Please contact me at 612-532-6607 with any questions.

Thank you,

A handwritten signature in blue ink, appearing to read 'Andrea Stoneman', followed by a long, horizontal, sweeping line that extends to the right.

Andrea Stoneman



Corny Cottage Property House Rules

- **General**

- Guest capacity is a maximum of six. RVs, campers, and tents are not allowed. We are happy to make recommendations of a campground to use should you need to find accommodations for additional guests!
- Dogs are allowed, but must be on leash/under voice control at all times, never left alone outdoors, and not allowed to stray beyond property lines.
- Please remove your shoes upon entering the house.
- All guest vehicles and trailers must be parked/kept on the property. Please do not park on the road.
- Please ensure any outdoor fires are extinguished before you turn in for the night, including the grill and fire pit.
- Use of the stairs down to the platform over the lake as well as the platform itself is at your own risk. Children must be supervised at all times when outdoors, due to the danger of the drop off to the lake from the property's edge.
- If you run out of space in the garbage bins in the kitchen, please let us know as we'll be happy to take the filled up bags off your hands and run them to the dump, especially in the summer when bears like to go hunting for garbage left outdoors!
- If you need anything whatsoever, your host is available 24/7:
 - Your main host is Erin Hutchinson
 - Mobile: 510.333.8360 (text is best)
 - Landline: 715.774.3849

- **Country Living & Being a Good Neighbor**

- The property is meant to be an escape from the hectic pace of life. With peace and quiet of the country also come the realities of country living:
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 - Fireworks are not allowed other than on July 4th, with proper permits. Be mindful of the current fire risk levels, posted publicly by the DNR.





- Water is a sacred resource here on the South Shore. And, septic systems are not as robust as in urban areas. Please do your best to conserve water and not flush anything other than toilet paper.
- All water comes from the well on the property. It's perfectly safe (we think it's tasty as well)! Please try and conserve water as it's an important nature resource.
- Nature = wild animals. Some find this awesome, others find it a little scary. Be aware that there are LOTS of black bears in this area. They are pretty timid and never stick around long when they hear people or dogs. Never leave food or garbage outside as it is sure to attract bears (and racoons, and coyotes, and...). Also common are coyotes, racoons, foxes, and a very rare porcupine. Use common sense and you'll be able to enjoy the sights & sounds of the property!
- Finally, leave the beautiful natural surroundings as you found them, taking nothing with you other than photographs and memories.



Real Estate Bayfield County Property Listing

Today's Date: 5/10/2021

Property Status: **Current**

Created On: 3/10/2008 9:15:00 AM

**Description**

Updated: 4/14/2021

Tax ID: 34949
PIN: 04-010-2-51-06-29-4 05-002-73000
 Legacy PIN:
 Map ID:
 Municipality: (010) TOWN OF BELL
 STR: S29 T51N R06W
 Description: LOT 3 CSM #1547 IN V.9 P.175
 (LOCATED IN GOVT LOTS 1 & 2) IN DOC
 2021R-587965
 Recorded Acres: 0.740
 Calculated Acres: 0.935
 Lottery Claims: 0
 First Dollar: Yes
 Zoning: (R-1) Residential-1
 ESN: 107

**Tax Districts**

Updated: 3/10/2008

1 STATE
 04 COUNTY
 010 TOWN OF BELL
 044522 SCHL-SOUTHSHORE
 001700 TECHNICAL COLLEGE

**Recorded Documents**

Updated: 10/27/2009

WARRANTY DEED

Date Recorded: 4/7/2021 **2021R-587965**

PERSONAL REPRESENTATIVES DEED

Date Recorded: 1/12/2015 2015R-557381 1137-152

WARRANTY DEED

Date Recorded: 10/22/2009 2009R-529441 1028-454

CERTIFIED SURVEY MAP

Date Recorded: 6/12/2007 2007R-514367 9-175

**Ownership**

Updated: 4/14/2021

ANDREA THERESE STONEMAN

DULUTH MN

Billing Address:

ANDREA THERESE STONEMAN
 4035 EAST VAN RD
 DULUTH MN 55803

Mailing Address:

ANDREA THERESE STONEMAN
 4035 EAST VAN RD
 DULUTH MN 55803

**Site Address** * indicates Private Road

89210 E ROMANS POINT RD CORNUCOPIA 54827

**Property Assessment**

Updated: 9/10/2015

2021 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	0.740	132,200	110,700

2-Year Comparison

	2020	2021	Change
Land:	132,200	132,200	0.0%
Improved:	110,700	110,700	0.0%
Total:	242,900	242,900	0.0%

**Property History****Parent Properties**

[04-010-2-51-06-29-4 05-001-10000](#)
[04-010-2-51-06-29-4 05-002-70000](#)

Tax ID

[7764](#)[7772](#)**HISTORY** [Expand All History](#)

White=Current Parcels

Pink=Retired Parcels

Tax ID: 7772 Pin: 04-010-2-51-06-29-4 05-002-70000 Leg. Pin: 010106106000

Tax ID: 7764 Pin: 04-010-2-51-06-29-4 05-001-10000 Leg. Pin: 010106008000

34949

This Parcel



Parcel



Parcel

Real Estate Tax Statement

BAYFIELD COUNTY, WISCONSIN

Printed: 5/10/2021 8:36:34 AM

STONEMAN , ANDREA THERESE

Tax ID: 34949**Legacy PIN:****PIN:** 04-010-2-51-06-29-4 05-002-73000**ANDREA THERESE STONEMAN**

4035 EAST VAN RD

DULUTH MN 55803

Property Description**Site Address:** 89210 E ROMANS POINT RD**Municipality:** TOWN OF BELL**Description:** (Not for use on Legal Documents)

SE S29-T51N-R06W GOVT LOT 2

Plat Name: GOVT LOT 2LOT 3 CSM #1547 IN V.9 P.175 (LOCATED IN GOVT
LOTS 1 & 2) IN DOC 2021R-587965**Document:** 2021R-587965**Acreage:** 0.740**2020 Assessments**

Code	Acres	Land	Impr.	Total
G1 - RESIDENTIAL	0.740	132,200	110,700	242,900
Total Values:	0.740	132,200	110,700	242,900
Estimated Fair Market Value:				265,300

Ownership**ANDREA THERESE STONEMAN**

4035 EAST VAN RD

DULUTH MN 55803

TAX RECORDS - KEY TO CODES**RE** = Real Estate**LC** = Lottery Credit**FD** = First Dollar Credit**SA** = Special Assessments**SC** = Special Charges**DU** = Delinquent Utilities**PF** = Private Forest**MFLO** = Managed Forest Land Open**MFLC** = Managed Forest Land Closed**~~~ THERE ARE NO PRIOR DELINQUENT PAYMENTS DUE ~~~**

2020 TAXES	GRE	(FD)	(LC)	RE	SA	SC	DU	PF	MFLO	MFLC	TOT
Tax Due:	4,242.93	(70.97)	(0.00)	4,171.96	0.00	0.00	0.00	0.00	0.00	0.00	4,171.96
Tax Paid:				4,171.96	0.00	0.00	0.00	0.00	0.00	0.00	4,171.96
Balance:				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Tax ID 34949 **Total Due For 2020 Tax:** 0.00**~~~ THERE ARE NO TAXES DUE ON TAX ID 34949 ~~~****Bayfield County Treasurer**

JENNA GALLIGAN, PO BOX 397

WASHBURN WI 54891

Phone: (715) 373-6131

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **10-04S**
SIGN –
SPECIAL – **Class A**
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **21-0233** Issued To: **Andrea Stoneman / Erin Hutchinson, Agent**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **29** Township **51** N. Range **6** W. Town of **Bell**

Gov't Lot Lot **3** Block Subdivision CSM# **1547**

For: **Residential Other: [1 – Unit; 1 - Story; Short-term Rental]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Must obtain a tourist room housing license from the Bayfield County Health Department prior to renting.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

July 20, 2021

Date